



## WINNER CLAIM FORM

MAIL TO:  
HOOSIER LOTTERY  
P.O. 6126  
INDIANAPOLIS, IN 46206

FOR LOTTERY USE ONLY

DATE	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	CASHIER INITIALS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Check No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Claim No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Retailer No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### INSTRUCTIONS TO CLAIMANT:

- ON BACK OF TICKET, PRINT YOUR NAME & ADDRESS.
- **YOU MUST SIGN YOUR NAME ON THE TICKET.**
- COMPLETE ITEMS 4 THROUGH 19 BELOW (PLEASE PRINT).
- **YOU MUST SIGN YOUR NAME ON THE CLAIM FORM.**
- STAPLE TICKET TO BACK OF THE CLAIM FORM.
- MAIL THIS FORM TO ADDRESS SHOWN AT THE RIGHT.
- KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

For your protection, we suggest you mail your claim by certified mail.

**STAPLE TICKET  
TO TOP COPY  
HERE**

**PLEASE DO NOT STAPLE THROUGH  
ANY NUMBERS OR PLAY SPOTS ON TICKET!**

### 1. TICKET NUMBER

Black 12-digit exposed number from back of ticket.

### 2. VALIDATION NUMBER

Covered 13 digit number from lower play area.

### 3. PRIZE AMOUNT

.00

### 4. NAME

LAST NAME - PLEASE PRINT  FIRST NAME  M

### 5. ADDRESS

### 6. CITY

### 7. STATE

### 8. ZIP CODE

### 9. PHONE NUMBER

### 10. SOCIAL SECURITY NO.

### 11. US CITIZEN

☐ Yes ☐ No

### 12. NATION

### 13. SEX

☐ M ☐ F

### 14. DATE PURCHASED

(MM-DD-YY)

### 15. DATE OF BIRTH

(MM-DD-YY)

### 16. COUNTY NAME

### 17. COUNTY NUMBER

18. The Hoosier Lottery may require that you participate in press conferences and other public relations activities.

19. Under penalty of perjury, I hereby declare that, to the best of my knowledge and belief, the name, address, and social security number provided above correctly identify the recipient of the payment of the validated winning ticket and that the winner is not prohibited by law from purchasing a lottery ticket. This prize is claimed as follows:

- A ☐ for myself as the sole winner  
B ☐ as a member of the winning group designated on the attached IRS Form 5754  
C ☐ on behalf of the person (s) designated on the attached IRS Form 5754

I understand that any person who, with intent to defraud, falsely presents for payment a forged or counterfeit ticket is in violation of state law.

CLAIMANT'S SIGNATURE

DATE